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Original article

## Effects of personality traits and characteristics of child sexual abuse on maternal reactions and support

*Effets de la personnalité et des caractéristiques de l'agression sexuelle sur les réactions et le soutien maternel*

S. Chiaramello<sup>a,\*</sup>, M. Cyr<sup>a</sup>, P. McDuff<sup>a</sup>, C.-E. Laguerre<sup>b</sup>, R.F. Rodgers<sup>c</sup>, V. Walburg<sup>d</sup>, S. Lignon<sup>e</sup>

<sup>a</sup> Département de psychologie, université de Montréal, C.P. 6128, succursale centre-ville, H3C 3J7 Montréal, Québec, Canada

<sup>b</sup> Centre interdisciplinaire de recherches appliquées au milieu pénitentiaire, École nationale d'administration pénitentiaire, 47000 Agen, France

<sup>c</sup> Department of Applied Psychology, Northeastern University, Boston, MA, USA

<sup>d</sup> Faculté libre de lettres et sciences humaines, institut catholique, 31000 Toulouse, France

<sup>e</sup> Réseau PREVIOS (Réseau Prévention Violence et Orientation Santé), Toulouse, France

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### ABSTRACT

**Objective.** – This study aimed to examine the relationship between maternal and contextual factors including maternal personality traits, the quality of mother–child relationship, the characteristics of sexual abuse and maternal outcomes: (1) maternal reactions including feelings of anger and responsibility, anger and perceptions of responsibility of the child, and (2) maternal support provided to the child following the disclosure of sexual abuse.

**Method.** – The sample included 190 mothers recruited from youth centers in Québec (Canada). Data were collected using self-assessment questionnaires and semi-structured interviews.

**Results.** – Regression analyses revealed that maternal neuroticism, the quality of the preexisting mother–child relationship, the relationship between the mother and the perpetrator, and the occurrence of physical violence, were significant predictors of outcomes including maternal support, mothers' feelings of responsibility and/or anger towards the abuser and/or child.

**Conclusion.** – These findings suggest that considering neurotic traits and addressing feelings of anger and responsibility among mothers might improve child outcomes following CSA.

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### RÉSUMÉ

**Objectif.** – L'objectif de cette étude visait à évaluer l'effet de la personnalité, de la qualité de la relation mère–enfant, des caractéristiques de l'agression sexuelle dans l'explication de leurs réactions (sentiment de colère et de responsabilité) et du soutien maternel offert à la suite du dévoilement de l'agression sexuelle de l'enfant.

**Méthode.** – L'échantillon comprenait 190 mères recrutées dans des centres de jeunesse du Québec. Les données furent recueillies à l'aide de questionnaires autorévélés et lors d'entrevues semi-structurées.

**Résultats.** – Les analyses de régressions ont révélé certaines variables associées au sentiment de responsabilité de la mère, à sa colère envers l'agresseur et l'enfant et au soutien spécifique notamment par le névrosisme, la qualité de la relation mère–enfant avant l'agression et les caractéristiques de l'agression sexuelle de l'enfant.

**Conclusion.** – La discussion a fait ressortir l'importance du névrosisme, de la colère envers l'enfant et du sentiment de responsabilité des mères pour une meilleure prise en charge de celles-ci par les intervenants psychosociaux.

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\* Corresponding author.

E-mail address: [chiaramello.stephani@gmail.com](mailto:chiaramello.stephani@gmail.com) (S. Chiaramello).

Child sexual abuse (CSA) is considered to be one of the most serious public health challenges for society (MacMillan, Walsh, Faries, MacMillan, McCue, 1998) and is present across cultures, geographic regions and social classes (Pereda Guilera, Forns, & Gomez-Benito, 2009; Stoltenborgh, Van Ijzendoorn, Euser, Bakermans-Kranenburg, 2011). Thus, CSA constitutes a major risk factor for a variety of psychological and interpersonal problems both in childhood and adulthood, including post-traumatic symptoms, cognitive distortions, psychological distress, avoidance behavior, altered self-esteem and interpersonal difficulties (Putnam, 2003; Wright, Lussier, Sabourin, & Perron, 1997a). However, not all victims of CSA experience such difficulties, highlighting the existence of protective factors. Previous studies on protective factors for later pathology among CSA victims have identified non-offender maternal support as playing an important role in the recovery of the child (Bolen, Dessel, & Sutter, 2015; Elliott & Carnes, 2001), particularly following disclosure of the events (Bolen, 2002). Indeed, 75% of non-offending guardians appear to be partially or totally supportive of their child after the disclosure (Bolen, 2002). The present study builds on previous research, exploring factors associated with maternal responses and maternal support around CSA. Thus, the aims of the present study were firstly to investigate the determinants of maternal responses including maternal personality traits and event characteristics. Secondly, the study aimed to examine the relationship between these factors and the specific type maternal support provided. To our knowledge, no studies have distinguished between maternal responses and maternal support, which is therefore a novel contribution. Such research is critical, as understanding the factors that are associated with positive maternal reactions following the disclosure of CSA, will contribute to understanding factors that promote positive outcomes for the child.

## 1. Maternal reactions following CSA disclosure

Maternal reactions following CSA disclosure by a child can be understood within a crisis framework (Cyr, Wright, Toupin, & Oxman-Martinez, 2001; Cyr, Zuk & Payer, 2011). The perception of a crisis situation may be shorter or longer-term, and temporally precedes the child receiving maternal support. Indeed, the non-offending parent may experience high levels of emotional distress, sometimes even of similar magnitude to those experienced during the loss of a child (Elliott & Carnes, 2001). In cases of abuse within the family, clinical studies have highlighted the presence of sometimes contradictory and ambivalent feelings (betrayal, doubt, anger, sadness versus affection, etc.) towards the abusive partner (Bolen & Lamb, 2004; Heriot, 1996). Thériault, Cyr, & Wright (2003) also highlighted how mothers' emotional reactions may be dynamic and fluctuate over time. In addition, emotions such as anger and a sense of responsibility have been investigated by researchers because of their important roles in the relationship between mother and the victim of CSA (e.g. Bolen & Lamb, 2007; Thériault et al., 2003). Importantly, in our study, we consider maternal feelings including anger and ambivalence to be indicators of maternal reactions, whereas attitudes and behaviors that the child is more likely to observe, are considered indicators of a response and the degree of support provided.

Although the majority of mothers of children who are victims of CSA do not experience anger towards their child, mothers who do not believe their child or hold the child is partly responsible, have been shown to report feelings of anger directed towards their child and rarely towards the offender (Bolen & Lamb, 2007; Salt, Myer, Coleman & Sauzier, 1990; Zajac, Ralston, & Smith, 2015). In contrast, supportive mothers who believe their child and attribute the responsibility to the offender, have been shown to experience greater anger towards the offender (Elliott & Carnes,

2001). However, ambivalence has also been documented in cases where the offender is the mother's spouse, with a higher likelihood of anger directed towards the child when the offender is the stepfather or the mother's partner compared to the biological father (Bolen & Lamb, 2007; Elliott & Carnes, 2001). In addition, mothers have been shown to display a strong sense of responsibility arising from the discovery of their child's victimization, resulting in their involvement in ensuring the legal process and seeking professional assistance (Thériault et al., 2003). Mothers may also feel a sense of guilt and blame and hold themselves accountable for not having been able to protect the child (Ginzburg et al., 2006), or perhaps not knowing about the abuse and failing in their role of "all-knowing" (Brekenridge & Baldry, 1997). These feelings of guilt have been shown to be associated with mood alterations following CSA disclosure (Corcoran, 1998). Building on these findings, our study aimed to examine maternal feelings of anger towards both the child and the offender and feelings of responsibility, given their potential to enhance or reduce maternal support.

## 2. Maternal support

A number of studies have examined the impact of higher or lower levels support from the non-offender parent on the emotional and behavioral adjustment of children following CSA disclosure. Goodman, Taub, Jones, and England (1992) revealed that, in the case of legal proceedings, greater parental support reduced the negative impact on the child of having to testify. In contrast, lack of caregiver support and trust has been shown to reduce the probability of the child disclosing their victimization (Malloy & Lyon, 2006). Finally, mothers who are less supportive are more likely to lose the custody of their child (Knott & Fabre, 2014). However, a recent meta-analytic review of the relationship between caregiver support and outcomes in sexually abused children found little evidence of the protective role of greater maternal support (Bolen & Gergely, 2015).

According to Corcoran (2002), maternal support includes two components: believing the child and establishing protective behaviors towards the child. Believing the child includes recognizing the facts presented by the child, ensuring that the child is aware that they are not blameworthy, instead that the adult is at fault and finally showing parental concern (Corcoran, 1998). Protective behaviors include the act of protecting the child from further attacks and helping the child recover by cooperating with justice and child protection services, denying the offender access to the home and seeking help and guidance for the child. Importantly, believing the child and implementing necessary protective behaviors are independent from each other (Bolen et al., 2015). From 69 to 78% of caregivers partly, or completely, believe the allegations made by their children, sometimes despite the denials of the aggressor and without physical or medical evidence, or a witness (Cyr et al., 2014; De Young, 1994; Heriot, 1996; Jinich & Litrownik, 1999). However, despite these high rates of belief in the child's accusations, only 41% of parents engage in protective behaviors (Elliott & Carnes, 2001).

Thus, a robust body of literature has examined the importance maternal reactions or support following CSA, however, to date findings are somewhat mixed. Given this, an area of interest has been identifying predictors of inter-individual differences in maternal reactions, specifically maternal personality traits, the quality of the mother-child relationship and the characteristics of the CSA on both maternal reactions support.

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